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W. DALE WALLEY
Acting Commissioner

April, 2000

Provider Notice 00-03

TO: All providers

SUBJECT: Beginning of **Patient 1st** Program in Mobile County

Effective June 1, 2000, the Alabama Medicaid Agency will initiate a Primary Care Case Management (PCCM) program in Mobile County, known as **Patient 1st**. This medical gatekeeping program will operate under a "freedom of choice" waiver granted by the Health Care Financing Administration (HCFA) under Section 1915 (b) of the Social Security Act. In a PCCM program, a physician contractually agrees to deliver and coordinate health care for patients who select, or are assigned to, the physician as their primary medical provider (PMP).

With the addition of Mobile County, all counties in Alabama will participate in the **Patient 1st** program.

As is the case in other Patient 1st counties, once the **Patient 1st** program begins, most Medicaid patients will be required to participate in the program and to select one physician or clinic for all non-emergency care. Typically, these providers will be general and family practitioners, pediatricians, internists or clinics that will provide a "medical home" through an ongoing patient-physician relationship. At present, foster children and those persons who have Medicare and Medicaid will not participate in the **Patient 1st** program.

Initially, patients will be assigned to a physician or clinic based on newborns, on sibling linkages (if any), the last PCP assignment on file (if any) for BAY Health Plan, historical claims, or by zip code. Patients may change their doctor or clinic monthly by contacting Medicaid.

Contracted physicians and clinics will provide or authorize primary and preventive care and certain other services as outlined in the **Patient 1st** Provider Manual. Also, they will coordinate patient referrals to specialists and offer 24-hour availability for care or referral.

Providers will continue to bill Medicaid on a fee-for-service basis for all direct care. In addition, contracted physicians and clinics will receive a monthly fee (\$3/month/patient) for managing the patient's care, up to a maximum of \$3,000 per month.

Some services will not be included in the **Patient 1st** program. For these services, patients can choose from any qualified provider. Family planning, emergency services, routine vision care, dental care for children, nursing home care and prescription drugs are among the services outside the **Patient 1st** program.

All Medicaid patients are required to present proper identification to a provider of medical care or services. To verify eligibility, providers should access Medicaid's PES or AVRS systems.

Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries.

Providers outside the **Patient 1st** network should be aware that non-emergency services provided to a **Patient 1st** participant will not be covered unless approved by the patient's primary care physician. To obtain approval, contact the patient's assigned physician or clinic. **It is the responsibility of the provider to verify eligibility before providing treatment or a service under the Medicaid program.**

If you have any questions regarding this program, contact the Medicaid's Managed Care Customer Service Unit at (334) 353-5773.

W. Dale Walley, Acting Commissioner

<p>AVRS - 1-800-727-7848 Medicaid Fraud Hotline - 1-800-727-7848</p>
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